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Secretary of State

04-09-1999 90006 037 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702676

1. Corporation Name
LEESBURG REGIONAL MEDICAL CENTER, INC.

Principal Place of Business 600 E. DIXIE AVENUE LEESBURG FL 34748-5925	Mailing Address 600 E. DIXIE AVENUE LEESBURG FL 34748-5925
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/07/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0878982
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
H.D. ROBUCK, JR., P.A. 610 E MAIN ST LEESBURG FL 34748				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11: Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLIEK, RICHARD R.	1.2 NAME	Richard R. Boliek
STREET ADDRESS	01403 SPRING LAKE RD.	1.3 STREET ADDRESS	01403 Spring Lake Road
CITY-ST-ZIP	FRUITLAND PARK FL 34731	1.4 CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, ROBERT T., M.D.	2.2 NAME	Robert T. Meade, M. D.
STREET ADDRESS	9223 SILVER LAKE DR.	2.3 STREET ADDRESS	9223 Silver Lake Drive
CITY-ST-ZIP	LEESBURG FL 34788	2.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERSOX, WILLIAM P	3.2 NAME	William J. Binneveld
STREET ADDRESS	505 W GIBSON STREET	3.3 STREET ADDRESS	122 E. Main Street
CITY-ST-ZIP	LEESBURG FL 34788	3.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDY, JAMES M.	4.2 NAME	David W. Burnsed, M. D.
STREET ADDRESS	601 E DIXIE AVE STE 901	4.3 STREET ADDRESS	601 E. Dixie Avenue, Plaza 1001
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELSWICK, P. SHANNON	5.2 NAME	Janice R. Krueger
STREET ADDRESS	1097 E JACKS RD	5.3 STREET ADDRESS	707 W. Coach & Four Drive
CITY-ST-ZIP	CLERMONT FL 34711	5.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	O'KELLEY, M. B JR	6.2 NAME	
STREET ADDRESS	33749 OVERTON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in any attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 352-323-5002
 Date Daytime Phone #

CR2E037-(11/98)

DOC-702676
310393-90006-37

LEESBURG REGIONAL MEDICAL CENTER, INC.
702676 (8)

ADDITIONAL LIST OF OFFICERS AND DIRECTORS
1999 BOARD OF DIRECTORS:

- | | | | |
|---|---|---|---|
| D | RAYMOND GILLEY
40 SOUTH DEWEY
EUSTIS, FL 32726 | D | HUGH H. GIBSON, III
313 DEL MAR DRIVE
LADY LAKE, FL 32159 |
| D | PAUL A. GOLDSTEIN
165 W. STURTEVANT ST.
3RD FLOOR, STE C
ORLANDO, FL 34806 | D | JOHN W. HILLENMEYER
165 W. STURTEVANT ST.
3RD FLOOR, STE C
ORLANDO, FL 34806 |
| D | ABE LOPMAN
ORHS
1414 KUHL AVENUE
ORLANDO, FL 32806 | D | MICHAEL C. PINELL, M.D.
165 W. STURTEVANT ST.
3RD FLOOR, STE C
ORLANDO, FL 34806 |
| D | ROBERT M. HARRELL
9139 PINE RIDGE TRAIL
ORLANDO, FL 32819 | D | TIMOTHY I. SULLIVAN
1009 NORTH 14TH STREET
LEESBURG, FL 34748 |
- S/T R. PATTON McCONNELL
ASST. SECRETARY AND
TREASURER
600 EAST DIXIE AVENUE
LEESBURG, FL 34748